

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40960

State File No. ....

Registrar's No. 305

FILED DEC 20 1942  
Registration District No. ....

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Atchison Blue Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PRISCILLA C. PAXTON

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, named  
6. (b) Name of husband or wife Clarence Lee Paxton 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Oct-15-1874 (Month) (Day) (Year)

8. AGE: 68 Years 1 Months 5 Days If less than one day hr. min.

9. Birthplace Bates City Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 28 Jones

12. Name Joel O. Bell  
13. Birthplace Missouri Mo (City, town, or county) (State or foreign country)

14. Maiden name Irene Beedoe  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Lee Paxton  
(b) Address Atchison, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (Month) (Day) (Year)  
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Donald E. Carson  
(b) Address Independence Mo.

19. (a) 11-22-42 (Date received local registrar) (b) James H. Cross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Atchison Blue Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1942 hour 4:40 minute A.M.

21. I hereby certify that I attended the deceased from 5-18, 1942 to Nov. 20, 1942  
that I last saw him alive on 11-20, 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary edema Duration

Due to Paralysis

Due to Cardio-renal hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1310  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ....  
(b) Date of occurrence ....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: Specify type of place (c) Means of injury

23. Signature J. H. Carson (M. D. or other) DO  
Address Independence, Mo. Date signed 11/20/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Darrow

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*Frank H. Hill*

Licensed Embalmer No. ....

*2467*

P. O. Address.....

*Indep. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**